

TO: KEEPER OF RECORDS

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PUBLIC INFORMATION REQUESTED (Please specify exact documents in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NON-OFFICIAL \_\_\_\_\_ Fee to be determined by record clerk

OFFICIAL \_\_\_\_\_ Committee or Board

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FOR OFFICE USE ONLY

Date Information Released: \_\_\_\_\_

Fee Charged (if any):\$ \_\_\_\_\_

Signature of record clerk: \_\_\_\_\_

Information given to: \_\_\_\_\_

**ATTACH ALL COPIES OF WRITTEN REQUESTS TO THIS FORM**